

Home Phone: # _____ Cell # _____ Work # _____

Student's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Parent's name if student is under age 18: _____

Youth Info Only: Age: ____ Grade: ____ Gender: M F School: _____

T-shirts come in youth or adult sizes (if applicable) YS, YM, YL, AS, AM, AL

| Code # | Class Title | Fee |
|--------|-------------|-----|
| # | | \$ |
| # | | \$ |

Total Enclosed: \$

_____ has my permission to participate in this ECCE activity. I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity.

Parent/Guardian Signature: _____ Date: _____

| |
|---|
| Office Use Only: check # _____ Receipt # _____ |
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On-site Office Registration

Check or exact cash
 Hathaway School - Portable D,
 25th & E Street in Washougal
 360-954-3837
 Monday - Friday
 8:00 a.m. - 4:00 p.m. If staff is out of the office,
 registrations and payments may be left
 in the drop box in Portable B from 6:00 a.m.-6:00
 p.m.

Mail in Registration

E.C.C.E.
 PO Box 559
 Washougal, WA 98671
 If you need a receipt, include a stamped, self-
 addressed envelope.

Refunds

Prorated refunds may be given if the office is notified prior to the second class. A \$5.00 processing fee will be subtracted from refunds.

School Closures

If schools are closed, Community Education classes will not be held.